| FORM CD-376 (3-82) LF | | |
|---|--|---|
| VOUCHER DIFFERENCE STATEMENT (TRAVEL) | | |
| BUREAU | NAME AND ADDRESS | DATE |
| | | BUREAU REFERENCE |
| | | BUREAU REFERENCE |
| | | TRAVEL OR OTHER CLAIM PERIOD |
| PAYEE'S NAME AND ADDRESS (Include ZIP code) | | VENDOR REFERENCE |
| | | |
| | 1 | AMOUNT CLAIMED \$ |
| | | AMOUNT APPROVED |
| | 1 | \$ AMOUNT DEDUCTED |
| | | \$ |
| | HE AMOUNT DEDUCTED WAS WITHHELD FOR THE REASONS STATED BELOW. (This notice should accompany and claim for amount deducted. Explain clearly basis for reclaim.) | |
| | • | her with a copy of Travel Authorization Form CD-29 to support nt or transfer of station, a copy of service agreement or verifica- |
| | The amount of \$ is suspended for excess per diem. Per diem rate should have been \$ per day instead of \$ The average lodging cost is computed by dividing the total cost of lodging actually incurred by the traveler within the voucher period by the number of nights sleeping accommodations used. Refer to Federal Travel Regulations (FTR, para. 1-7.3c). | |
| | According to information shown on your voucher, your per diem rate should be \$ and the number of days claimed should be (FTR, para. 1-7.6a). Adjustment amount \$ | |
| | Per diem rate for travel of 24 hours or less is \$ when a night's lodging is not required. Per diem computation for such travel is based on actual time elapsed. A quarter day per diem is allowed for each 6 hour period or fraction thereof, however, per diem is not allowed for travel of 10 hours or less except when travel is 6 hours or more and begins before 6:00 a.m. or terminated after 8:00 p.m. (FTR, para. 1-7.6d(1)). | |
| ı | Adjustment: Days Amount \$ | Dates |
| | Per diem has been suspended as claim for period of should have been on an acutal subsistence basis. (FTR, para. 1-8.5). Adjustment amount \$ | |
| | Actual subsistence expenses are authorized for travel performed to or in Please reclaim by itemizing on a daily basis all necessary subsistence expenses and support lodging costs with receipts. Claim must not exceed prescribed maximum daily rates. (FTR, para. 1-8.6 and General Travel Authorization, para. D). | |
| I | Adjustment amount \$ | |
| | Other adjustment amounts \$ See below. | |
| | If reclaim is made, prepare an original supplemental or include in a subsequent regular Travel Voucher with proper explanation and a copy of this form CD-376 (FTR, para. 1-11.7). | |
| | □ Other: | |
| l | | |
| ı | | |
| SIGNATUR | <u></u> | TITLE |
| | | |